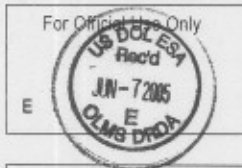


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2770</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / 2004 Through: <u>12</u> / <u>31</u> / 2004
3. Name and address of person filing. Name <u>GERALD</u> <u>HASENAUER</u> P.O. Box, Bldg., Room No., if any <u>SUITE 708</u> Street <u>1218 CHESTNUT STREET</u> City <u>PHILADELPHIA</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>19107</u>	4. Name, file number, and address of labor organization. Name <u>PACE LU 2 375</u> Labor Organization File Number <u>009-364</u> P.O. Box, Building and Room Number, if any <u>SUITE 708</u> Street <u>1218 CHESTNUT STREET</u> City <u>PHILADELPHIA</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>19107</u>
5. Position in labor organization. <u>BUSINESS REPRESENTATIVE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. <div style="border: 1px solid black; height: 60px; width: 100%;"></div> 7.b. Amount. <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Gerald Hasenauer

On

5/25/05
Date

1-215-627-4928
Telephone Number

Name of Person Filing GERALD HASENAUER

File Number U-

2170

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name WACHOVIA BANK, N.A.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 123 S. BROAD STREET

City PHILADELPHIA

State Pennsylvania ZIP Code + 4 19109

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name EMPLOYER LOCAL 375 JOINT HEALTH & WELFARE FD

Trade Name, if any:

P.O. Box, Bldg., Room No., if any SUITE 708

Street 1218 CHESTNUT STREET

City PHILADELPHIA

State Pennsylvania ZIP Code + 4 19107

11.a. Nature of such dealing.

In the ordinary course of business, the local union and related benefit funds have a banking relationship with Wachovia Bank, N.A.

11.b. Approximate dollar value of such dealing.

\$1,500

12.a. Nature of interest held or income received.

Gerald Hasenauer is a Union trustee of Employer Local 375 Joint Health & Welfare Fund. Wachovia Bank, N.A. provided admission tickets to a professional baseball game.

12.b. Amount.

\$25

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name KEYSTONE HEALTH PLAN EAST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1901 MARKET STREET, 37TH FLORR

City PHILADELPHIA

State Pennsylvania ZIP Code + 4 19101

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name EMPLOYER LOCAL 375 JOINT HEALTH & WELFARE FD

Trade Name, if any:

P.O. Box, Bldg., Room No., if any SUITE 708

Street 1218 CHESTNUT STREET

City PHILADELPHIA

State Pennsylvania ZIP Code + 4 19107

11.a. Nature of such dealing.

In the ordinary course of business, Keystone Health Plan East provides health care benefits to the local's union members and their dependents. These benefits are provided through Employer Local 375 Joint Health & Welfare Fund.

11.b. Approximate dollar value of such dealing.

\$4,000,000

12.a. Nature of interest held or income received.

Gerald Hasenauer is a Union trustee of Employer Local 375 Joint Health & Welfare Fund. Keystone Health Plan East provided admission tickets to a professional baseball game.

12.b. Amount.

\$40

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Mattioni, Mattioni & Mattioni

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 399 Market Street

City Philadelphia

State Pennsylvania

ZIP Code + 4 19106

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

In the ordinary course of business, the local union refers union members' workers compensation claims to this law firm.

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Mattioni, Mattioni & Mattioni provided admission tickets to a professional baseball game.

12.b. Amount.

\$45